TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be need by the hospital ar attending physician.

TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and campletely filler by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. TO FUNE

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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		3571	ION OF STATIS	CERTIFICA	TE OF DEATH	JRE I, MARILAND	0.3	564
	COUNTY IA	Toot		MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryle	_ b. COL		/
	E(151	outside corporate limi ofest town)		18 cays	c. CITY OR TOWN (IF out	ide corporate limits, wo on - Rural	rite RURAL and give n	earest town)
	OR INSTITUTION	AL (If not in hospital, a	pive street address)	spital	d. STREET ADDRESS	(5-X50	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print)	Willis	יווי	MORTI	Hooms	DATE OF DEATH	7.28	196/
	ale	6. COLOR OR RACE	WIDOWED 📆	NEVER MARRIED	8. DATE OF BIRTH July 5, 1874	9. AGE (In y last birthd 86	yrs.	
	during most of work Day La	ing life, even if retired)	ning Facto		Co., Maryl		A.
15.		Adams		SECURITY NO: 17.1	Henrietta (n		unknown)	
(Ye	No (If yes, give war or dates of s		nown J	ohn W. Adams, H	altimore.	Maryland	
7	Canditions, if ar gave rise to in cause (a), stoting t lying couse last.	nmediate the <u>under-</u>)	4.456				
CATION	PART II, OTH	er significant con	IDITIONS <u>CONTRIB</u>	UTING TO DEATH BU	F NOT RELATED TO THE TERMINA	AL DISEASE CONDITION	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF!	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURRI	D. (Enter nature of injury in Pa	t I or Part II of item 15	3.]	
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Y Month, Day, Ye	While No	OCCURRED 20e. Pi of while wark	ACE OF INJURY (Home, form, ictory, street, office bldg., atc.)	20f. (City or town)	(Caunt	y) (State)
	21. I certify tha saw the deceas		or I	e deceased fram.	death accurred of PA	1, fram the cause	1	that (I) (we) last te stated above.
	11	s han Ha	Mian	/	M.D. ATTENDING MED DIRE	CTOR STAFF		3/ Resely
	NAME (Type)	ston Harr	ison M.	D,	Carl	my Mary	land	31, Mar.6
	BURIAL, CREMATIO REMOVAL (Specify) Burial	April 1,	1961 Mt		Cemetery		ton, Maryl	
24.	J. J. FR	AMPTOM + S	OH	PESERALS	API	BY REGISTRAR 25b.	REGISTRAR'S SIGNAT	

w ** o helt to The same of the same of the same of er and the second of the secon Commence of the Commence of th Actual Company of the Company of and the second of the second o marked process the contract of the late of TO HOSFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Page 4 may be need by the hospital an attending physician.

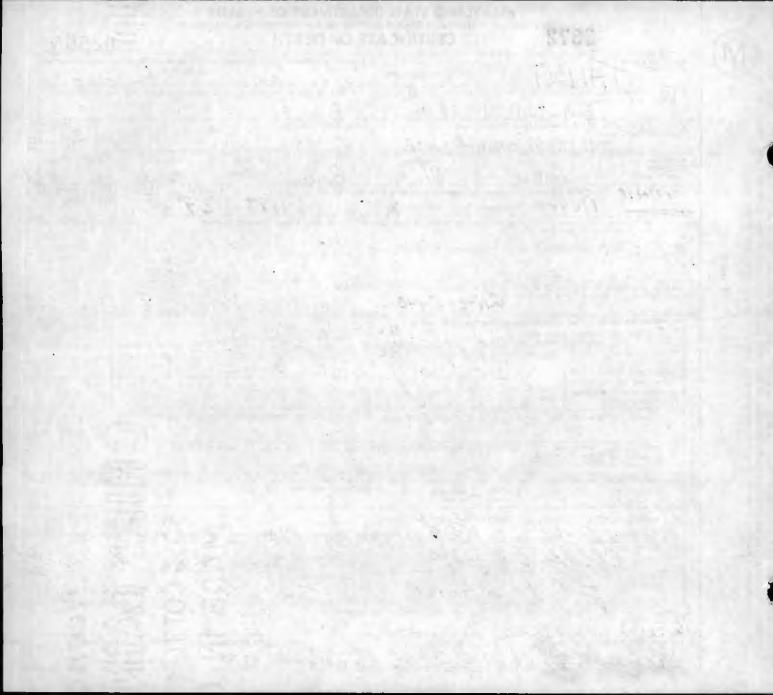
TO FUNER CIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, at removal, and in any event, within 72 hours after death. TO FUNER

VR A1S (4) 1SM 9/59

		E DEPARTMEN	
DIVISION OF	STATISTICAL RESEARC	CH AND RECORDS -	BALTIMORE 1, MARYLAND
3572	CERTIFIC	CATE OF DEA	BALTIMORE 1, MARYLAND

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Continue		HLQ0 MARYLAND	MARY And b. COUNTY + Albat
d. NAME OF HOSTITAL (THO IT) INDIGHIC PURE HERE OF ORDINARY AND STREET ADDRESS. OR INSTITUTION METERS OF PRINTING THE PRINTING OF PRINTIN			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ON A FARM? 3. NAME OF DECLASED (Type or print) S. SEX MAP C. G. COLOR OR RACE (T. MARRIED C.) NO DECLASED (Type or print) (Type or print) (The print) (Type or print) (Easton 37
D. NAME OF COLOR OF BACE 7. MARRIED NEVER MARRIED B. DATE OF BRITH 19 6	٦		d. STREET ADDRESS
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JULY BOUND BY SECURITY OF THE PRINCIPLE		MARCK NEGIO WIDOWED DIVORCED	The same of the sa
13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED DER IN U. S. ARMED FORCES? [6. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one couse per live top (o). (b). and (c).] 18. CAUSE OF DEATH [Enter only one couse per live top (o). (b). and (c).] 18. CAUSE OF DEATH [Enter only one couse per live top (o). (b). and (c).] 19. PART I. DEATH WAS CAUSED BY: 10. CONDITION, which 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c). 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c). 19. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20. ACCIDENT WAS UNDERLYING. 20. CAUSE OF DEATH [INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20. CAUSE OF DEATH [INJURY COURS (c).] 20. THE OF INJURY Month, Doy, Year 10. Injury OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 21. Certify third [I] (this hoppinal) alterfoled the declared from forter, street, office bldg., etc.) 22. NAME (fyps) 22. NAME OF ENTINING MED MED		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line top(a), (b), and (c). 19. CAUSE OF DEATH Enter only one couse per line top(a), (b), and (c). 19. CAUSE OF DEATH Enter only one couse per line top(a), (b), and (c). 19. CAUSE OF DEATH Enter only one couse per line top(a), (b), and (c). 19. CAUSE OF DEATH Enter only one couse per line top(a), (b), and (c). 19. CAUSE OF DEATH Enter only one couse per line top(a), (b), and (c). 19. CAUSE OF DEATH (b) 19. CAUSE OF DEATH (c) 19. CAUSE OF INJURY MAS CAUSE BY 19. CONTRIBUTING CAUSE OF DEATH 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING NATIONAL INDUSTRY 200. ACCIDE		13. EATHER'S NAME	14MOTHER'S MAIDEN NAME
18. CAUSE OF DEATH Enier only one couse per lime toy (o), (b), and (c))	KICHARD BAILEY	1seabell Leober
18. CAUSE OF DEATH Enter only one couse per lims soy (o), (b), and (d).			NFORMANT Address
PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (c)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	his Pauline Voney, Easton, Ind.
PART I. DEATH MAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 20a. ACIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 20a. ACIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT IN FIRST 1 (o) 19. WAS AUTOPSY PERFORMED? 20a. ACIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT IN FIRST 1 (o) 19. WAS AUTOPSY PERFORMED? YELD NO 20a. ACIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT IN FIRST 1 (o) 19. WAS AUTOPSY PERFORMED? YELD NO 20a. ACIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YELD NO 20a. ACIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YELD NO 20b. PLACE OF INJURY (Home, form., 20f. (City or town) (County) (Stote) While Not white of work of While Not work of While of work of While Not work of While Not work of While of work of While Not work		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of w		CATE	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of w)	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI	D. (Enler noture of injury in Port I or Porl II of item 18.)
21. 1 certify that (I) (this hospital) attended the deceased from		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21. 1 certify that (I) (this hospital) attended the deceased from		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
21. 1 certify that (II) (this hospital) attended the deceased from		Hour o. m. While Not while of work of work	ctory, street, office plag., etc.)
sow the deceased alive on and that death accurred at AM, from the causes and an the date stated above. 220. SIGNATURE ATTENDING MED. STAFF ATTENDING PHYS. ATTENDING PHYS. ATTENDING PHYS. ADDRESS ADDRESS			10 to 10 that (1) (wa) last
220. SIGNATURE CONTROL OF THE STAFF CONTROL OF THE SIGNED CONTROL OF THE SIGNATURE CONTROL OF THE SIGNAT		11201 I WOUNTED	
22c. PHYSICIAN'S 22c. PHYSICIAN'S 22c. PHYSICIAN'S 22c. ADDRESS 22d. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE			
22c. PHYSICIAN'S NAME (Type) F. C. H. SCHMICK 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. LOCATION (City, town, or county) (Stole) 23a. RURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stole) 24a. FUNDRAL/DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE		Ellephone	M D PHYS D DIRECTOR D STAFF
23g_RURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (Stote) 24. FUNDAL DIRECTOR'S SIGNATURE 25b, REGISTRAR'S SIGNATURE			
SEMOVAL (Specify) 3/19/6/ Richard S Cem Easton Md. 24. FURTHALDIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE		NAME (Type) E. C. H. SCHMELT	teston, Maryland.
SEMOVAL (Specify) 3/19/6/ Richard S Cem Easton Md. 24. FURTHALDIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE		23g_RURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY O	OR CREMATORY 23d, LOCATION (City, town, or county) (State)
24. FUNRAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	1	REMOVAL (Specify) 2 1/8/// R. 1 - my d	
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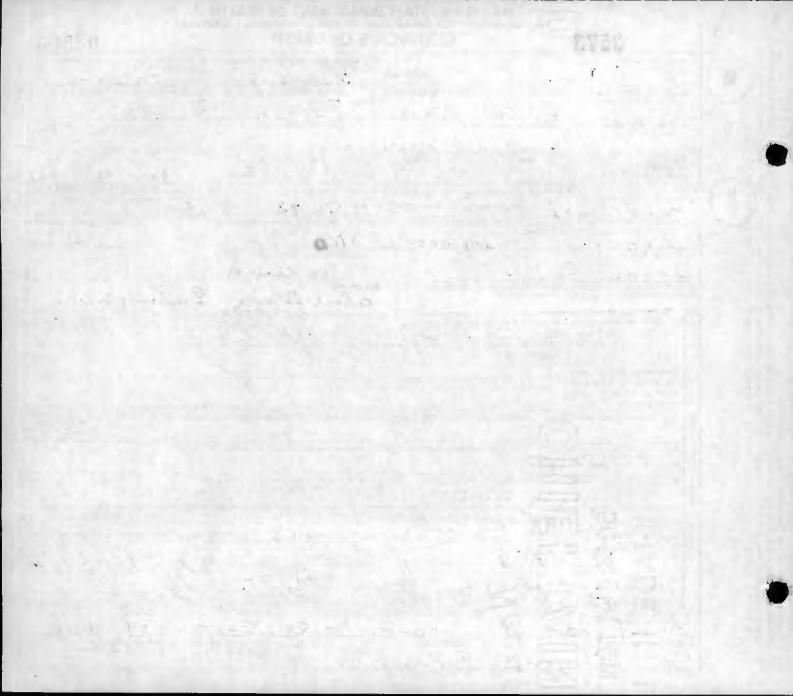
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03566

	3573	CERTIFICAT	E OF DEATH		03566
	1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceded as STATE	b. COUNTY A	60+
	b. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest tawn)	NGTH OF STAY IN 16	c. CITY OR YOWN (If ourside can	porate limits, write RURAL and	give nearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION MEMORIA	Hospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO [7]
	3. NAME OF DECEASED (Type or print)	BRIED R	Blost OF DEA		Day Year
	Female Co/ WIDOWED	NEVER MARRIED B.	DATE OF BIRTH 4/10/95	9. AGE (In years IF UNDER lost birthday) 6. 5 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
i	10d. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) LSAHOTEY DO	mestic	RY 11. BIRTHPLACE (State or foreign	country) 12.CITI	ZEN OF WHAT COUNTRY?
1	Henty Briddle		14. MOTHER'S MAIDEN NAME UN KOUN	1	,
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no. or unknown) (If yes, give wor or detec of service)	L SECURITY NO. 17, INF	alice Blake	Earthy 1	mel.
	1B. CAUSE OF DEATH [Enter only one couse per line for PART 1. DEATH WAS CAUSED BY:	(a), (b), and (c).]	of lift !	· · · ·	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO		of regions	1	
	Canditions, if any, which gave rise to immediate couse (a), storing the <u>under-lying cause last.</u> (b) DUE TO 1ying cause last.				
	Part II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PAR	TT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ZOG. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED.	(Enter nature of injury in Port I ar	Part II of item 1B.)	
		OCCURRED 20e. PLAC	TE OF INJURY (Hame, farm, 20f. (4) hry, street, affice bldg., etc.)	City or town) (County) (State)
	21 I certify that (1) (this hospital) attended the	2 ~ 1/	ath occurred of 35 M, fro		, that (I) (we) last
	220. SIGNATURE COLUMN	1	ATTENDING MED.	_ STAFF / ////	wen 225, DAJE
	22c. PHYSICIAN'S F. C.H. Sch	midt	22d. ADDRESS Carlo	y May	lugh
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. THEMOVAL (Specify) 3-14-6/	NAME OF CEMETERY OR	CREMATORY 23d. LO	CATION (City, town, or Robunty) ASTOY R1	(Store)
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Darly M	250. REC'D BY REC MAR 1	SISTRAR 25b. REGISTRAR'S SI	GHATURE LA
C	7		- Company		



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Caroline b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural e. IS RESIDENCE ON A FARM? YES NO K Month Yeor 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Dovs Hours yrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Elizabeth M. (maiden name unknown) Address Maryland Mrs. J. Miller Cell. Federalsburg. INTERVAL BETWEEN ONSET AND DEATH O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY PERFORMED?

YES I NO

(County)

(Stote)

1961, that (1) (we) last and that death accurred at 1.5M, from the causes and on the date stated above 22b, DATE

MARYLAND STATE DEPARTMENT OF HEALTH

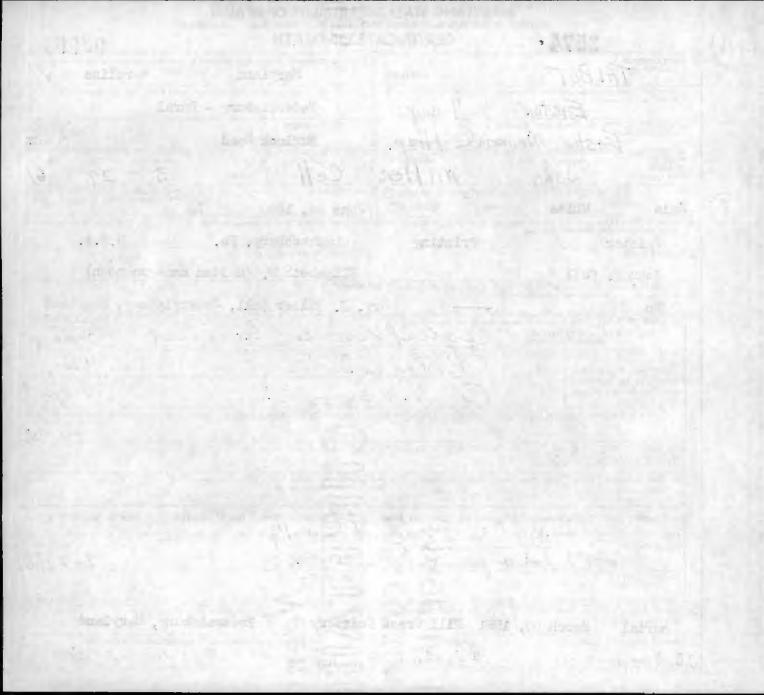
SIGNED

23d. LOCATION (City, town, or county) (Stote) Federalsburg, Maryland

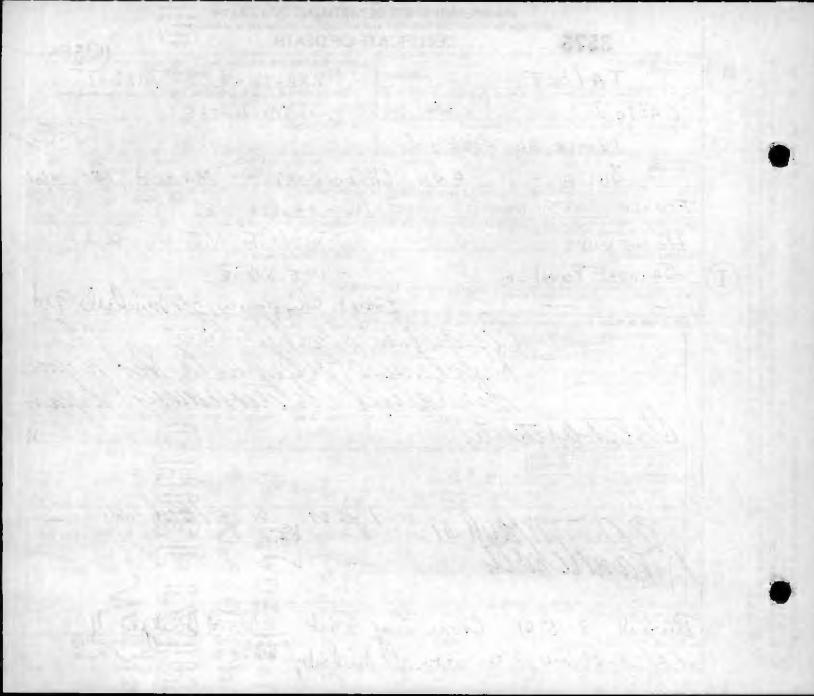
+ Ederalsburg

25b. REGISTRAR'S SIGNATURE aritury S. Kraus

1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 3575 CERTIFICATE OF DEATH with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. COUNTY Filed g. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write Pe C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should EAS/ON F e d. NAME OF HOSPITAL (If not in hospital, give street address) d_STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? CV YES NO 10 NAME OF First Middle 4. DATE Month Day Year DECEASED fille oges (Type or print) DEATH 19 601 death IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED completely lost birthday) ofter Months MEMALE WIDOWED [DIVORCED [popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? 72 haurs during most of working life, even if retired) puo corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ottending please 18. CAUSE OF DEATH | Enter only one cause pe line far (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the DUE TO 6 Canditions, if any, which gned gave rise to immediate DUE TO couse (a), stating the underlying cause last. buriol-transit been PART II. GIVER SIGNIFICANT CONSIDERATIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBÉ HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificote as the (IF EITHER, NOTIFY MEDICAL EXAMINER) burial, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) use b Haur a.m. While Not while at work at work attended Ne deceased fram_ 21. I certify that (I) (this haspital). 196/_, that (1) (we) last . 1962 , and that death accurred death, M, from the causes and an the date stated above ned by the DIRECTOR: / saw the deceased alive an 22b, DATE ATTENDING SIGNED STAFF PHYS. M.D. PHYS. DIRECTOR -PHYSICIAN 22d. ADDRESS NAME (Type) 173 poge 3 the Stot BURIAL CREMATION, 236, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. town, or county) (Stote) REMOVAL (Specify) 9 24 FUNERAL DIRECTOR'S SIGNATURE 256, REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR MAR 1 4 '61 VR A15 (4) 15M 9/59



VR A15 (4) 15M 9/59

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	DIVISION OF ST	ATISTICAL RESEARCH AN	D RECORDS - BALTIMO	ORE 1, MARYLAND	
	3576	CERTIFICAT	TE OF DEATH		03569
1	PLACE OF DEATH O. COUNTY A / bo +	MARYLAND	2 USUAL RESIDENCE (Where	b. COUNT	ROLDNB
	b. CITY OR TOWN (If ausside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outs	ide cargorate limits, write RURAL	and give nearest town)
	d. NAME OF HOSE TAL (If nat in haspital, give street and OR INSTITUTION	tospital	d. STREET ADDRESS	* 1.7.	e. IS RESIDENCE ON A FARM? YES NO A
3.	NAME OF DECEASED THAT ON First Ohn	Middle Co	1/130n	DATE Month OF DEATH MORE	Day Year 19 6
S.	SEX 6 COLOR OR SIZE 7. MARRIE WIDOWED	- THE VER MARKED	MAR 21, 18	9 AGE (In years IF UN Man 3 yrs	NDER TYEAR IF UNDER 24 HRS ths Days Hours Min
10	USUAL OCCUPATION (Give kind of york dane 10b. Ki during most of working life, even it retired)	OWNER	TRY 11. BIRTHPLACE (Slate of	foreign country) 12	CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME COL	LDSON	14. MOTHER'S MAIDEN NAMED OF THE SECOND OF T	A COHER	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (15, no., or unknown) [(1f yes, give wor or dofes of service)]	OCIAL SECURITY NO 17 INI	wa Bertha	Collison, J	Colere
	18. CAUSE OF DEATH (Enter analy one cause per line PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	for (a), (b), and (c)]	ace NT		INTERVAL SETWEEN ONSET AND DEATH
	Canditians, if any, which) DUE TO	terisaclu	man de an	maleid	
	gave rise to immediate cause (a), staling the <u>under-fying cause last.</u>				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINA	L DISEASE CONDIT ON GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF!	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED	. (Enter nature of injury in Pari	t I or Port II of item 18.)	
MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d INJ Haur a.m. While p.m. 19 at wark	Nat while fact	CE OF INJURY (Home, farm, lary, street, affice bldg., etc.)	20f. (City ar town)	(Caunty) (State
	21 1 certify that (I) (this hospital) attende saw the deceased alive on 3/9	/ 1	- /	1, to 3/14	19.6.L., that (I) (we) las
	22a. SIGNATURE	/	ATTENDING MED.	CTOR STAFF	22b DATE SIGNED

22c. PHYSICIAN'S NAME (Pype)

P. E. Cox M. D.

Earle Avenue, Easton, Maryland

230 BURIAL, CREMAT ON DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY

250 REC'D BY REGISTRAR

23d COSATION (City, lawn, or county)

25b REGISTRAR'S SIGNATURE

(State)

24 NUMERAL PIRECTOR'S S GNATURE

DAMAR 1 5 '61

arthur S. Kruss



y the funeral director, 2 should be filed with himurs after death. Page 4 0 D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be each by the hospital or attending physician.

O FUNER CIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, memotion, or remimal, mnd in any event, within 72 hours after death. TO HOSPITAL moy be

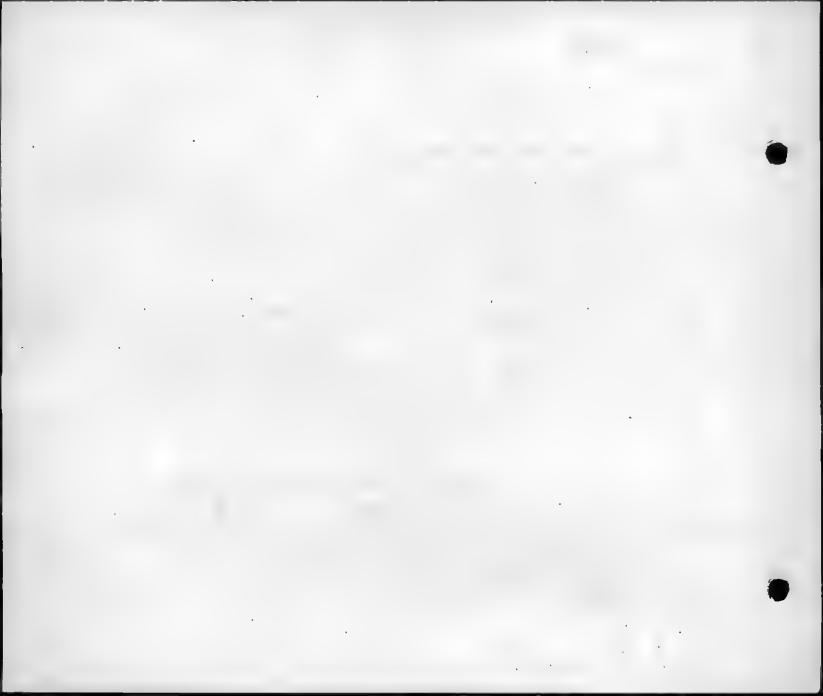
-	MARYLAND STATE DEP	PARTMENT OF HEALTH RECORDS — BALTIMORE 1, MARYLAND
	3577 CERTIFICATE	
1	1 PLACE OF DEATH O. COUNTY ALBOT MARYLAND 2.	a. STATE Maryland b. COUNTY (Cracesson)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 26 days	c. CITY OR TOWN (If surside corporate limits, write RURAL and give nearest lawn)
100	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MENORIAL HOSPITAL	d. STREET ADDRESS ON A FARM? YES ON NO E-
	3 NAME OF DECEASED (Type or print) ALX ANDER	DAUSON DEATH MARCH 17 1961
	Ma Ce Le La Co WIDOWED DIVORCED &	DATE OF BIRTH 9 AGE (In years last birthday) 15-22-1893 9 AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS) Months Days Hours Min
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME ()	Lechocichens Lexebras
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFOI (16s. np) or uphnown, [If yet give wor or dates of service) RO3 -32-2/29	Mrs. E ming S- Haustor my
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) MC MC MC MC MC MC MC M	Ve CENTAL PACELE & D. CUROO 6 78632
	Canditions, if ony, which gove rise to immediate (b) Chieffer 2 7/12	ween trucked fouch.
	cause (a), stating the <u>under-lying cause lost.</u> DUE TO (c)	
	3 Un pulmonate Ble	OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO A
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter noture of Injury jul Port Nor Port II of Item 18)
ĺ	S 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE	OF INJURY (Hame, farm, 20f. (City or town) (County) (State

PLACE OF INJURY (Hame, farm, factory, street, affice bldg, etc.) Hour o. m. While Not while at work at work p. m. 21 I certify that (I) (this hopital) attended the deceased from that (I) (we) last P.M. from the causes and on the date stated above. and that death occurred at saw the deceased/alive an 3 PATE SIGNED 22a, SIGNATURE

ATTENDING PHYS MED DIRECTOR STAFF M.D 22c. PHYSICIAN'S 22d. ADDRESS

23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d/1QCATION (City, town, or county) 2301BUR AL CREMATION. (State) AREMOVAL (Specify) ADDRESS 256 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR arthur S. Kraus

VR A1S (4) 15M 9/59



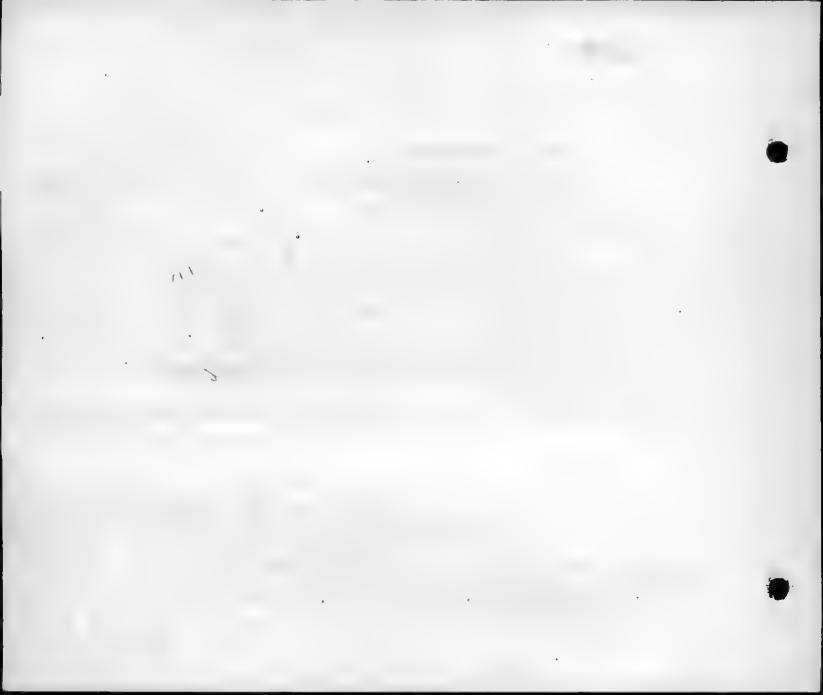
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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3.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
)) F	PLACE OF DEATH	a. STATE D
		MARYLAND MARYLAND	MARYIAND THING!
	l	c. CITY OR TOWN (If outside carporate limits, write RURAL and give neglicest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)
	_	EASTON 40045	A 27. Michaels
**	· ·	NAME OF HOSP TAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
1		Memorial HOSPITAL	YES NO D
	- 1	NAME OF DECEASED First Middle	Lost 4 DATE Month Day Year
	_	Type or print) No.SIE DROOKS (8 DATE OF RIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS
	5. 5	T. I Washington	7 / 23 19 last birthday) Manths Days Hours Min
	100	LUSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU	STRY , 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
g j	-	during most of working life, even if retired)	MAKE IS SIGNED OF STREET COUNTY)
- 27	12	DO MESTIC	14. MOTHER'S MAIDEN NAME
	1	12:11:0	millie Watkins
35%	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, II	NFORMANT Address
	(Yes	ng or unknown) (If yes, give wor or dates of service) 219-067819	(Manusa)
	K	In CAUSE OF REATH (E. In call and and an artist (a) (b) at (a) (b)	INTERVAL BETWEEN
		18. CAUSE OF DEATH [Enter only one cause per line (ar (a), (b), and (c)] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	a francis
		Conditions, if any, which)	heatist boolingswell 100
		gave rise to immediate DUE TO	trove consister and 197
		lying cause lest	
	MOIT	1. 0	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CATIC		PERFORMED? YES \ NO \
1	11.	200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I or Port II of item 18.)
	CERT	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CAt		ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State)
	MEDICAL	Haur o. m. While Nat while to at work □ at work □	ctary, street, affice bldg., etc.)
	_	21. I certify that (1) (this haspital) attended the deceased from	1/4/1/4 Ale rold in 3/1/08/14 10/01 that 11 (max last
		sow the deceased give on 20 1/10/14_19(1), and that a	
		22a. SIGNATORE	22b, DATE
		18. TIMMA 1/ROLL	M.D. ATTENDING MED. STAFF PHYS STAFF
		22c/PHY CIAN'S L	22d. ADDRESS
		R. Lane Wroth M. D.	St. Michaels, Maryland
5 1	23á	BUR A., CREMATION, 236. DATE THEREOF 230 NAME OF CEMETERY C	
1	1	PENOVAL (Spec fy) April 3, 1961 St. mich	aels St. Michaels, md.
1	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	250 REC D BY REGISTRAR 256 REGISTRAR 5 SIGNATURE
1	1	anes Ble whill - gardin	, med, DATE APR 5 '61 c 1 & Krouge



79	CERTIFICAT	E O

\		3579 CERTIFICATE OF DEATH			03574	
	1. [PLACE OF DEATH		2 USUAL RESIDENCE (Who	ere deceased lived. If institution:	Residence before admission)
		Talbot	MARYLAND	MARY	LAND BOOKE	BEN AUNES
	t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate timits, write RUR/	AL and give nearest town)
		L'Atow	30 0/442		ENTREVILLE	
٠.	,	d. NAME OF HOSPITAL (If not in hospital, give street OR-INSTITUTION 11 MINISTITUTION 11 MIN	oddress) /	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
	. (NAME OF DECEASED (Type or print) First Carrie	Middle Livedale	G. C.C. IV	4. DATE Month OF DEATH	Day Yeor
)	S. S	FEMALE & COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS Ionths Doys Hours Min
		USUAL OCCUPATION (Give kind of work dane 10b during masy of working life, even if retired)	KIND OF BUSINESS OR INDU	MI SUDLE	REVILLE	12 CITIZEN OF WHAT COUNTRY
		FATHER'S NAME		14. MOTHER'S MAIDEN N		
	-	NATHAN BENTON		KATHERI		
	Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. In no. or unknown] (If yes, give wer or dotes of service)	SOCIAL SECURITY NO. 17 II	NFORMANT	Address	
	<u> </u>	m 700		ILLIAM F GR	EF-N CENTIL	EVILLE MA.
		1B. CAUSE OF DEATH [Enter only one couse per li PART I DEATH WAS CAUSED BY //A \/		WITHOUT TIME	/	ONSET AND DEATH
		IMMEDIATE CAUSE (o)	O CHKD/HL	INFARCTION	<i>f</i>	3 JEEK.
		DUE TO	ORONARY	ATHER	OSCLEROSI	A TERMINA
		Gonditions, if any, which (b)	TROWART	1111101	O OCCURUS/	3 Z YCHKS
		cause (a), stating the under-				
	z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART I(0) 19. WAS ALTOPSY
	ATIC	CONGESTIVE	HEART F	FAILURE	DIABETES MI	ELLITUS YES NO
٠.	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 20b DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of Injury in P		
	CAL			ACE OF INJURY (Home, farm,		(County) (State
	MEDICAL	Hour o.m. While of war	1401 Willie	clory, street, office bldg , etc.	1	
		21 I certify that (I) (this haspital) attend	0 1 1	1 1	T	
		saw the deceased alive an A IVIIIA	STT 12151 ' oug that o	dearn accurred by A	M, from the causes and	an the date stated obdive
3		G. Kent you	ng	M.D. ATTENDING ME	ED STAFF RECTOR PHYS.	5 MARCH 1961
		22c PHISCIAN'S T. KENT	Young	105 CHESTER	RFIELD AVE. CE	ENTREVILLE MA
	230	BURIAL, CREMATION, 23b, DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY-	23d LOCATION (City, town, or	
1.00	/	TEMOVAD (Specify)	2		0	
	24	THINEPAL DIRECTOR'S SIGNATURE	CHESTERFIEL	. 13 PEC'1		MAPRYLAND

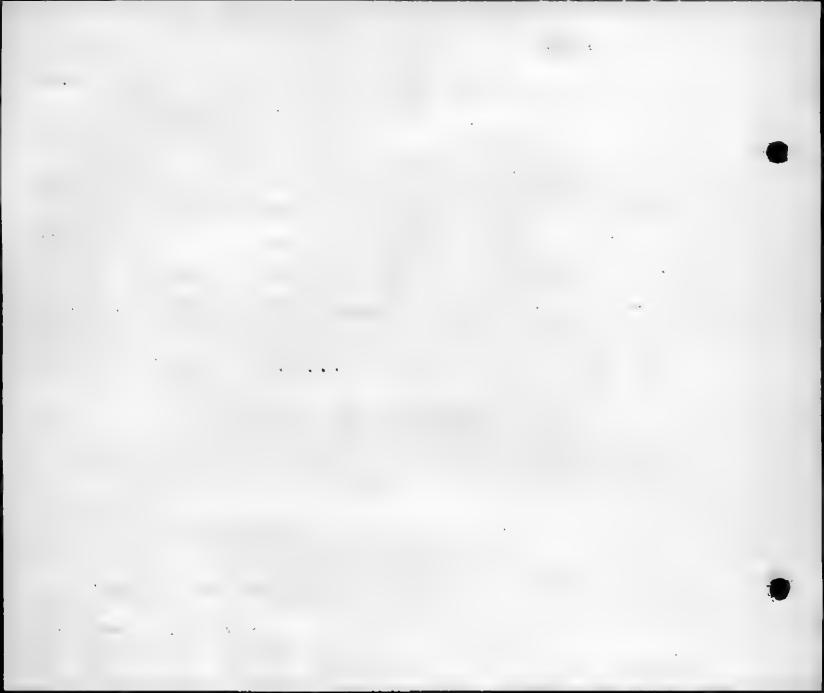
may be red by the hospital or attending physician.

O FUNER CORE After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. may be TO FUNER

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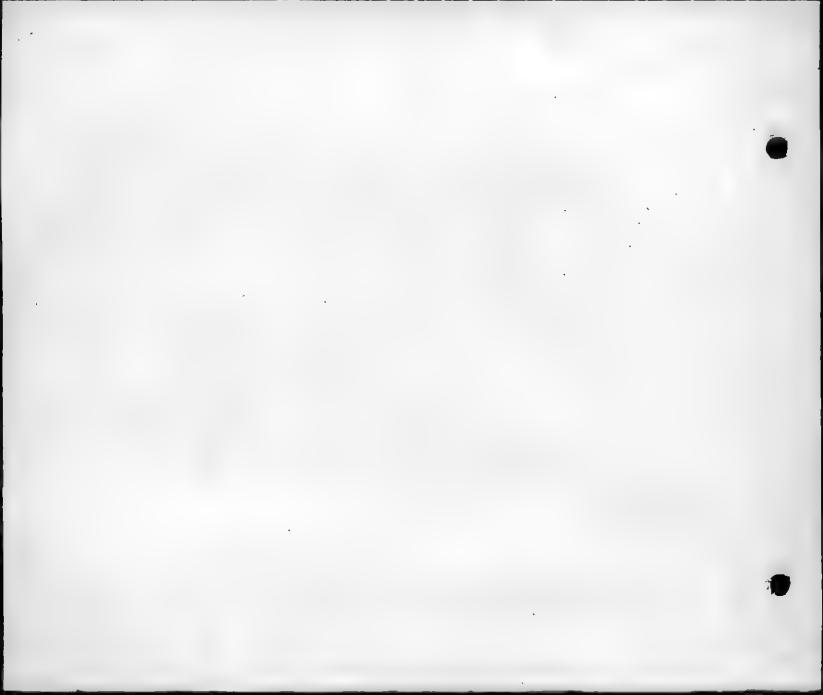
OR ATTINGING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after delith. Tage 4

TO HOSPITAL VR A1S (4) 1SM 9/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be the haspital ar attending physician.

ع	X	MARYLAND STATE DEPARTMENT OF HEALTH 3580 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03575
filed will	M)	1 PLACE OF DEATH a. COUNTY COUNTY ALLAS b. COUNTY Salfal MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence pefore admission) b. COUNTY Salfal
ad blue		b CPTOR TOWN (Prophide conformate limits, write PRAL and give nearest fown) PRAL and greenest town ON NAME OF HOSPITAL (If not in hospital, give street address) ON NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE
and 2 st		OR INSTITUTION ON A FARMY YES IN TO
ages 1 death.		S SEX- 6. COLOR OR, RACE 7 MARRIED NEVER MARRIED 8 DAYE OF BRESH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS
ers. F		WIDOWED DIVORCED AND STREET BY WITH MICHAEL BY STREET BY WITH MICHAEL BY STREET BY WITH BUSINESS OR INDUSTRY 111. BIRMHPACES STREET OF FOREIGN COUNTRY 12 CIT ZEN OF WHAT COUNTRY
and camp ban paper 72 hours a		during most of working life, even if retired) Our Flaten 14. MOTHER'S NAMED 14. MOTHER'S MAIDEN NAME 15. FATHER'S NAMED 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME
ysician ave car within	(I)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? HE SOCIAL SECURITY NO 17 INFORMANT A DATE OF ADDRESS O
		Yes, no. adjustationin) (If yes, give wer or dates of services Trace Mis Throwns Hughes Castley Mil to
e attendi ien pleos id in ony		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: 2 COLUMN TO THE CAUSE AND DEATH COLUMN TO T
id by th mit. Th		Conditions, if ony, which (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
een signed ansit perm 1, ar remov		couse (a), stating the <u>under-</u> DUE TO lying couse last. (c)
te nas ber burial-tra rematian,	E SPRINGER	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
s the build in		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
this cer ir use a r to bur		20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a.m. P. m. 19 While of wark of otwark of wark of
t: Atter sched fo lith prio		21 I certify that (I) (this haspital) attended the deceased fram
be deto	Į	220 SIGNATURE 226 DATE SIGNED ATTENDING MED DIRECTOR STAFF SIGNED
3 should ate Board		22c PHYSICIAN'S / 22d. ADDRESS NAME (Type)
page 3 sh the State		230 BURIAL CREMATION, 232-DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 232 LOCATION (CL) (WHO) (SHOW) (SH
S (4)		24 FUNDATE NAR 1 4 '61 CLIMA & Trave

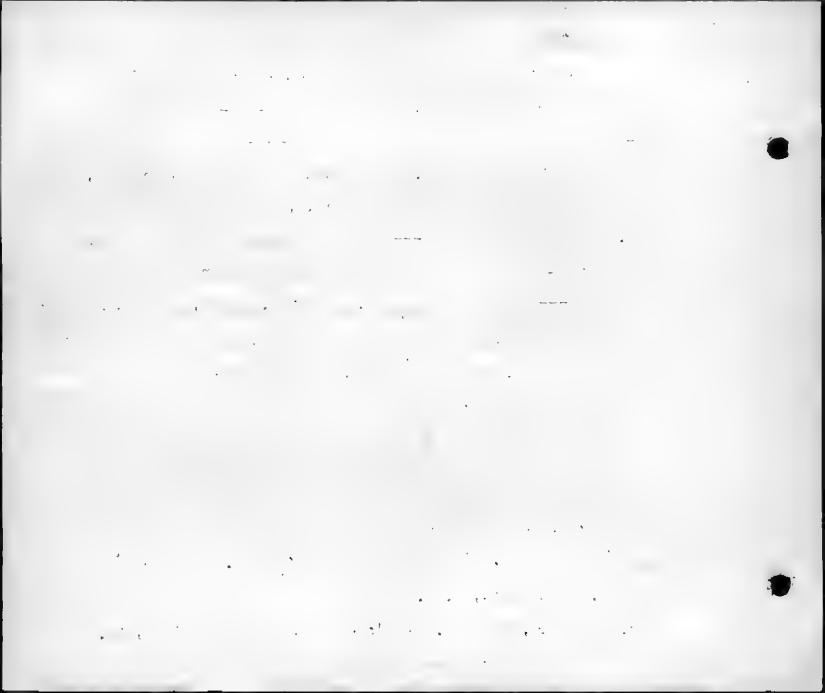


MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY o. STATE **b.** COUNTY Talbot MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest town? Easton 34 hrs. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 95 Lemorial Hospital YES NO W 1838 North 3. NAME OF Middle DATE Year registr -DECEASED YOU Wesley (Type or print) James Jackson DEATH arch 19 67 Far 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH nd 3 to the f retained far 2 with the 5. SEX 1902 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Colored WIDOWED 56 DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Undertaker Laborei Maryland U.S.A 13. FATHER'S NAME MOY 14. MOTHER'S MAIDEN NAME Alfred Jackson Lizzie MC Cready 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give wife same Ė 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crushing injury to chest c.extensive to Form 35hrs. IMMEDIATE CAUSE (a) damage to lungs DUE TO automobile accident Canditions, if ony, which gave rise to immediate couse alang DUE TO (a), stating the underlying cause Tast. pending" in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY ő PERFORMED? used NO 🖪 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) be Driver of car in head-on collision on route 50 CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) writing the white Medical E factory, street, office bldg., etc.) While 19 6 at work at work Stevensville J.A. 21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find that to the Chief death resulted from: Natural couses . Accident XI. Suicide . Undetermined cause Homicide . MEDICAL ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 3/7/61 ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER TH DIMC 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 Christ Rock Cemetery Burial 1/1961 Dorchester County Md. FUNERAL DIRECTOR'S IGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATEMAR 1 3 '61 Cambridge Md. arthur & Hours 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY be filed Talbot b. COUNTY MARYLAND Marvland Talbot b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) р Rural Trappe d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES 💟 NO 🗌 NAME OF 4. DATE First Middle Last Month Day Year filled DECEASED ROBERT LEWIS DEATH (Type or print) March 1961 IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5: SEX B DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Hours Male White WIDOWED [7 DIVORCED | Dec 10. 1893 pers. campl 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? on pap death. during most of working life, even if retired)
Ret. Clergyman England USA and carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Lewis Foster physici nave IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address NO NO Mrs. Robert W. Lewis. 8 Trappe, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse put line for (a), (b), ONSET AND DEATH d PART I, DEATH WAS CAUSED BY milly IMMEDIATE CAUSE (0) thot þ Conditions, if any, which ! permi been signed gove rise to immediate DUE TO cause (a), stating the under ond lying cause lost ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) o. m. While Not while at work at work 1. 1966 that I last saw the deceased 21. 1 certify that Vottended the deceased from and that death accurred at // LAM, from the causes and an the date stated above RECTOR: DATE SIGNED ACTUAL SIGNATURE prior Ö PHYSICIAN'S LANE WROTH NAME (Type) TO FUNER 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) agod REMOVAL (Spec'fy)
Burial Cemeterv 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR DATE MAR 2 2 '61 VS A1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2500

CERTIFICATE OF DEATH

03578

(0000	CERTIFICA	IE OF DEATH		1100
(IVI)	PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where dec	b. COUNTY	lence before admission)
	b, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	Com is	corparate limits, write RURAL on	d give nearest town)
633	d NAME OF HOSPITAL (If got in hospital, give street OR INSTITUTION NO MORIA)	address)	d STREET ADDRESS CHEST	NUT	e. IS RESIDENCE ON A FARM? YES NO [
#. -	3 NAME OF DECEASED (Type or print) Je AN	L. Middle	Miller 4. DA		Day Yeor 24 196/
after de	MALE S. SEX WIDOWE	100	MAY 16,1886	lost birthdoy) Months	
2 hours	10a. USUAL OCCUPATION (Give kind of work done 10b. Uring most of working life, even if retized) FIREC HOLEL LERK	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote or fore	K CITY, H. V	U, S, A
vihin 23	7 / 3 · 4 · 7 · 1 · 1 · 1 · 4	ER	ELISA T	Robbins	_
event,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give war or dates of services]	SOCIAL SECURITY NO. 117. II	o Etil Orr	It hull	sels. Ind
in any	1B CAUSE OF DEATH [Enter only one couse per li PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (0), (b), and (C)	Hemark	ease	ONSET AND DEATH
r remaval, and	Conditions, if only, which gove rise to immediate couse (a), stating the <u>under-lying</u> couse last.	effertin	rive Cardo	o Chexculas Vi	is 1045.
ation, a	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN P	ART I(o) 19. WAS AUTOPS' PERFORMED? YES NO
d, crema	200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 c	ir Port (Lof item 1B.)	
ta burio	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 White of wor	Not while fo	ACE OF INJURY (Home, farm, 20f. ctory, street, office bldg., etc.)	(City or town)	(County) (Stot
th prior	21. I certify that (1) (this hospital) attends saw the deceased alive on 3 - 2.		Jeath occurred at M. f.	///////////////////////////////////////	OL., that (I) (we) la
a of He	220 S GNATURY MCLLLL (L	rolly	M.D. ATTENDING MED DIRECTO	R PHYS	3/25/5
e Baard	22c. PHYSIZIAN'S R. Lane Wrot!	h M.D.	St. Michae	els, Maryland	3/25/61
the State	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	imetery &	LOCATION (City, town, or count	o. mo
	24. FINERAL DIRECTOR'S SIGNATURE	LATH, St. M	ichalls DATHAR 3 0		
			mai,		

or Attending Physician.

ed by the haspital ar attending physician.

ed by the haspital ar attending physician and campletely filled precious. After this certificate has been signed by the attended for use as the burial-transit permit. Then please remove carban papers. Pages 1.1 Les detached for use as the burial-transit permit. Then please remove carban papers. TO FUNERAL VIRECT page 3 should be d TO HOSPITAL VR A15 [4] 15M 9/59

and 2 shaved be filed with



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3584 funeral director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY g. STATE **b.** COUNTY be filled MARYLAND Caroline b. CITY OR TOWN (If ourside corporate limits, write c. LENGTH OF STAY, IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town Ridgely should d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION (1) d. STREET ADDRESS e. IS RESIDENCE ON A FARM None . (24 YES | NOT 4. DATE OF DEATH NAME OF Middle **Last** Manth Day Yeo Filled DECEASED Poges (Type or print) death 2005 19 5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last bythday) Months Days Haurs Male White DIVORCED | WIDOWED IT yrs papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY+11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland None Carpenter and corbon 2 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion within Sadie Irland Wm. Bruner Parks Sr. remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address attending Maryland Hilda 214-18-4196 please 1B. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Š Conditions, if ony, which (b) signed gave rise to immediate **DUE TO** couse (a), stating the underlying couse last physicion burial-transit peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? has YES | NO | 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) certificate the 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m White Not while 19 at work at work 21. I certify that (I) (this haspital) attended the deceased fram. 19 _, that (I) (we) last saw the deceased alive an hed by the DIRECTOR: and that death accurred at M, from the causes and an the date stated above 226 SIGNATURE ATTENDING PHYS SIGNED MED DIRECTOR STAFF PHYS. M.D 22c PHYSICIAN'S 22d ADDRESS 3 should NAME (Type) Charles Winnacott page 3 sho FUNER 23b. DATE THEREOF CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Greensboro, Maryland Greensboro -61 2 25h. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR VR A1II (4) MAR 9 Chilmy S. Firmes 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

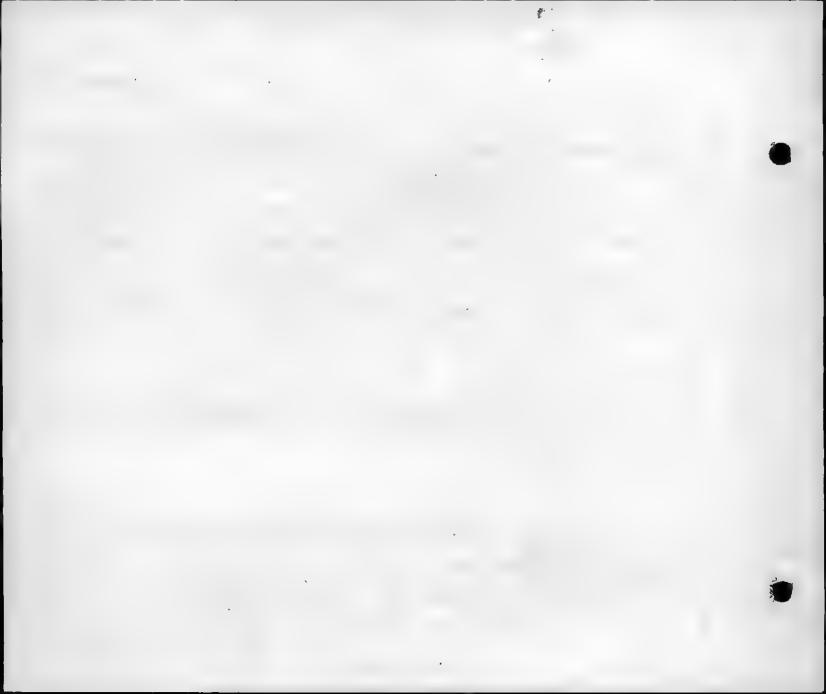
VR A15 [4] 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 3585

03580

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a. STATE b. COUNTY				
'AL bot	MARYLAND	Maryland	Caroline /			
 b. CITY OR TOWN (If outside corporate limits in RURAL and give nearest town) 	- 1	c. CITY OR TOWN (If outside corporate limits, write RL	JRAL and give nearest town)			
EASTON	3 days.	Preston - Rural				
d NAME OF HOSPITAL (If not in haspital, give on institution	street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?			
memorial h	lospital.	Near Tanyard	YES YES NO			
3 NAME OF First	Middle	Last 4 DATE Mont	h Day Yeor			
(Type or print) EMM A	Catherine	PERRY DEATH MAR				
5. SEX 6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years ost birthdoy)	Months Days Hours Min.			
- 01110000	DOWED DIVORCED	Sept. 10, 1889 71 yrs	10013			
100 JSUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State or foreign country)	12 CIT ZEN OF WHAT COUNTRY?			
Housework	Home	Kent County, Maryland	U.S.A.			
13 FATHER'S NAME		14 MOTHER'S MAIDEN NAME				
David Patrick		Emma Cole				
15. WAS DECEASEDEVER IN U. S. ARMED FORCES: (Yes, no, or unknown) (If yes, governor dates of service)		IFORMANT Addr	èss			
No	Unknown C	harles F. Perry, Preston, Ma	aryland, R.F.D.			
18 CAUSE OF DEATH [Enter only one cause	per line far (a), (b), and (c).]		INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY INTO THE TOTAL ON SET AND DEATH IMMEDIATE CAUSE (c) . Left to Click the course will terrine call.						
US3 A DUE TO	6.00					
Conditions, if any, which) (b)						
gave rise to immediate couse (a), stating the under-						
lying couse ast (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?						
Chianary alluar Elevitic hearthisland absence fre line YES NO						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
3 20c TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f (City or town)	(Caunty) (State)			
	While Not while fac	ctory, street, office bldg., etc.)				
21 I certify that (1) (this hospital) attended the deceased from 20 Mar. 1961, to 23 Mar. 1969, that (1) (we) lost						
saw the deceosed alive on 254	1/	leath occurred of 15 M, from the couses and				
220, SIGNATURE	P=±± 1757. √ ond that c	leath occurred or 12 M, from the couses and	22b DATE			
Mins. hu. Hac	lei Har	M D PHYS MED STAFF	25 King (1)			
22c. PHYSICIAN'S	/	22d. ADDRESS /	7.000			
NAME (Type) IT L RSTIN	TARRISON	Cartan handpland				
23a. BURIAL CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, Iown, o	r county) (State)			
REMOVAL (Specify) March 25.1		Gemetery Preston, Mary	land			
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		TRAR'S SIGNATURE			
J. J. FRAMSTOM & SON	FEDERALShuren.	MARULAND DATE 5 3 51 C	27 S. Vill			

. . .



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 3586 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY b. COUNTYbe filed MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corpogate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) was d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION N emorin-YES NO IZ and NAME OF First Middle 4. DATE Year Month Dov filled Pages (Type or print) 012 NNSTON DEATH 19 5. SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED campletely last birthday) Months TE MALE DIVORCED | WIDOWED [61 yrs 100. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 72 hours during most of working life, even if retired) ONNI HOUSEWI puo carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician within remove 17 INFORMAN Address WAS DECEASED EVER IN U ARMED FORCES? 16. SOCIAL SECURITY NO attending please 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: 811160 IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which permit gned gave rise to immediate DHE TO cause (a), stating the under-IRECTOR: After this certificate has been si lying couse lost **buriol-transit** physiciar PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY crematian, PERFORMED? YES NO by the hospital ar attending 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH as the use as the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c TIME OF INJURY Month 20d INJURY OCCURRED (County) (State) Doy, Year factory, street, office bldg., etc.) Hour o. m While Nat while lat work at work p. m. detached for 21. 1 certify that (1) (this haspital) attended the deceased fram. This 1960 to TILLIV 8 .. 19 6 L, that (1) (we) tast be detached a of Health and that death accurred at 155 M. from the causes and an the date stated above. 196 saw the deceased alive an 22a SIGNATURE 22b_DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS M D Live Corte eg Board 72c PHYSICIAN'S 22d ADDRESS 3 should NAME (Type) page 3 sh the State I TO FUNE BLR AL, CREMATION, 23b. DATE THEREOF CREMATORY 23d LOCAT ON (City, town, or county) -(Stote) REMOVALY Specify) 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25b REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) DATEMAR 15M 9/59

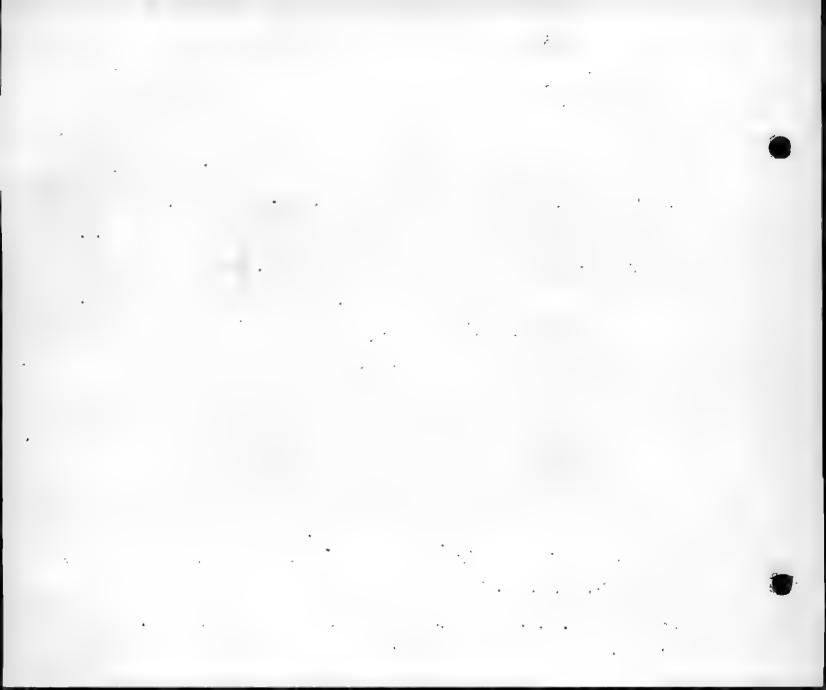
remuires that the death certificate be



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

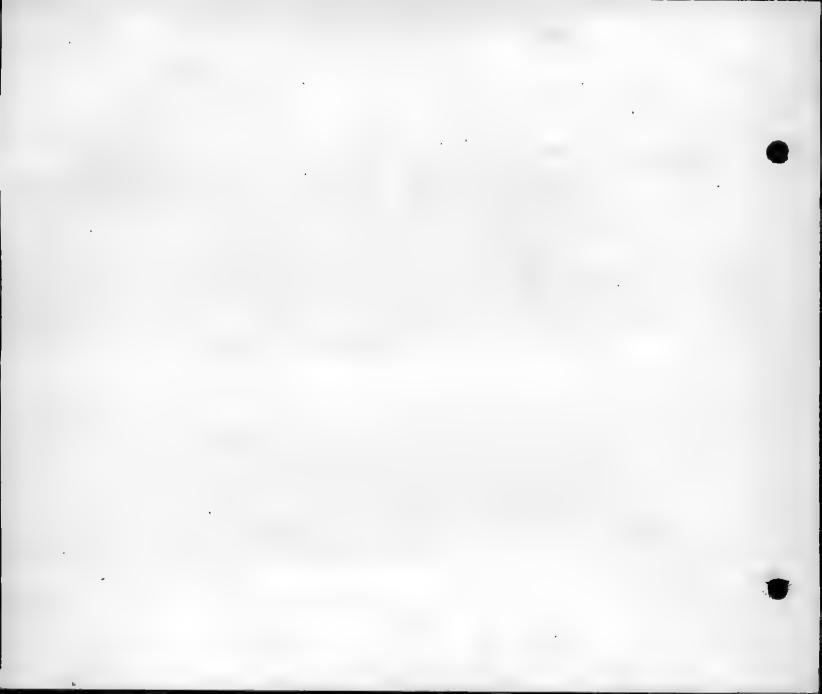
Par No. 113589

-5387				Keg. U	IST. NO. () G () C ()	
1. PLACE OF DEATH o. COUNTY Tal bot	MATTLAND	2. USUAL RESIDENCE (WI	_ 4	If institution: Reside	,	
b CITY OR FOWN (If outs de corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate lim			
rural Tra pe	years	X Rural	Tra	ppe		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES 1 NO 1	
3. NAME OF DECEASED (Type or print) IDA MAY	Middle SIMPSON	Last	4. DATE OF DEATH M	arch 15	Day Year 1961	
5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B DATE OF BIRTH	9. AGE	(In years IF UNDER	R I YEAR IF UNDER 24 HRS	
female white widows		May 12, 1006	1882 M	78 ^{rs}	Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work dane lob, during most of working life, even if retired) housewife	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stole Mary)		12 CIT	TZEN OF WHAT COUNTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	,		
Henry Diffenderfer		Sarah	J. Dolby			
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or doles of service)	SOCIAL SECURITY NO.	NFORMANT		Address		
	none	Mr. Cliffor	d Simpson	Trappe	, Md.	
IB. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	te for (0) (b), and (c).	mary Hear	ul dep	Éare	INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gove rise to immediate couse (o), stating the under-	ineralized a	orderic set	Peroni		10 years	
lying couse last.) (c)						
PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONI	DITION GIVEN IN PAI	RT 3(a) 19, WAS AJTOPSY PERFORMED? YES NO	
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in I	Part I or Part II of it	em 18)		
ZOC. TIME OF INJURY Month, Doy Year 20d, IN Hour o. m. 19 While at warl	Not while fac	ACE OF INJURY (Home farm ctory, street, office bldg., etc.	, 20f (City or tow	n) ((County) (State	
21. I certify that I attended the deceased from Feb. 196/ tog 3 - 15 196/ that I last saw the deceased						
alive on <u>D-/4</u> - , 194	, and that death	occurred at 7 - A	M, from the co	auses and on the	e date stated above	
ACTUAL SIGNATURE ALLE AM AL M	atters		ADDRESS (Street cit		DATE SIGNED	
PHYSICIAN'S Dr. Wm. L. Winte	ers	East	on, Maryl	and		
220 BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial Mar. 18, 1961	Upper Bambur			appe, Mary	(Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	246. REG	AY SEGISTRAR	24b. REGISTRAR'S SI	GNATURE	
Maurice E. Newnam & Son	Easton, Mar	yland m	MI TO OI	arthur &	Tienes	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a STATE 6 COUNTY'I MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give neorest (g/wn) e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION MORIC 4. DATE NAME OF Middle Manti Year First SALA MARK fille DEATH Pages 19 death. (Type or print) le. IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years lost birthday) letely S. SEX NEVER MARRIED DATE OF MARRIED T Manths Doys DIVORCED [WIDOWED [papers. ŧ requires that the death certificate be executed ПP 12. CITIZEN OF WHAT COUNTRY 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHELACE (State ar foreign country) hours 9 during mast of warking life, ever if retired) and carban R 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME physician event, within гета 17. INFORMANT 16. SOCIAL SECURITY NO Address S ARMED FORCES? attending please any INTERVAL BETWEEN ONSET AND DEATH 1B CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a lhe **DUE TO** ģ Canditians, if any, which emava permit (b) certificate has been signed gave rise to immediate **DUE TO** couse (a), stating the underlying cause last burial-transit physician (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 cremation, PERFORMED? YES, NO [ar attending 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH CERT 뱕 (IF EITHER, NOTIFY MEDICAL EXAMINER) burial, ŝ 20e PLACE OF INJURY (Home, form 20f. (City or town) 20c TIME OF INJURY 20d. INJURY OCCURRED (County) (Stote) Day, Year foctory, street, affice bldg., etc.) Haur a.m While Nat while After this at work at wark p m detached far 19.6/, that (1) (we) last 196 21 I certify that (I) (this haspital) attended the deceased fram M. fram the causes and an the date stated above. saw the deceased alive an and that death accurred at ed by the likeCTOR: / 22a SIGNATURE 22b DATE SIGNED ATTENDING MED.
DIRECTOR STAFF PHYS. pe M.D PHYS. Board 22c PHYS CIAM 22d ADDRESS 3 should NAME PYDE may be 1 poge 3 sh the State 1 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C to sown, or county) (Stote) EMOVAL (Specify) LE P 1 28 (21) **ADDRESS** REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 1SM 9/59 2.080142 XVO

after death.



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3 should

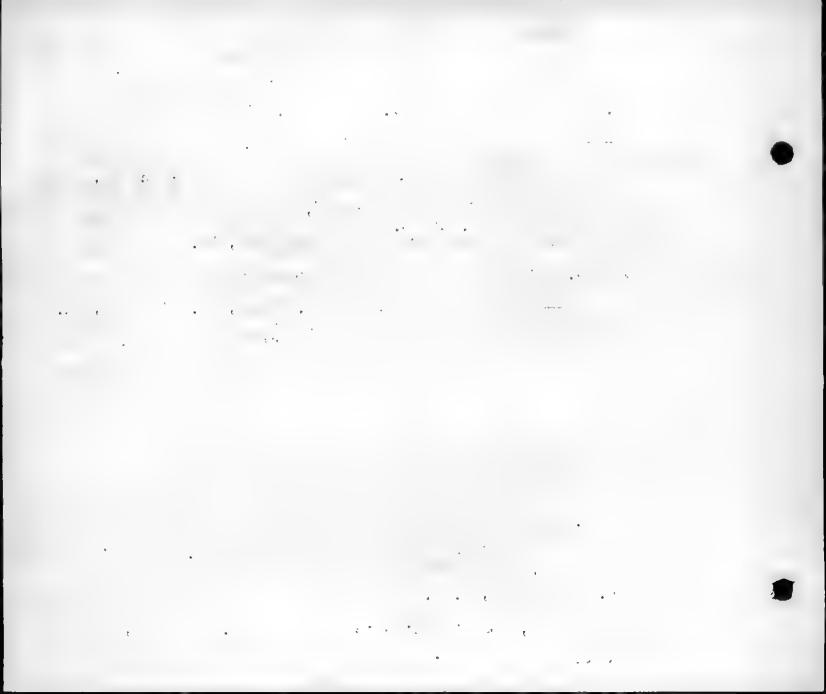
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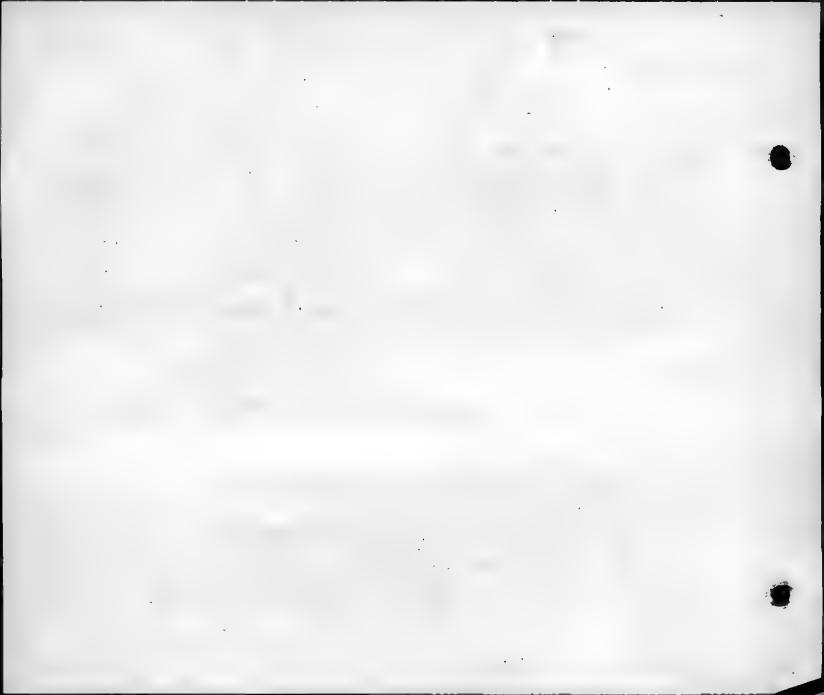
VS A15 (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3589 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY b. COUNTY Talbot MARYLAND Marvland albot b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) RURAL and give nearest town) St. Michaels d. NAME OF HOSPITAL (If not in hospital, give street address) disGTREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Chew Avenue YES NO TY NAME OF First Last 4. DATE Middle Month Day Year DECEASED JOHN EDWARD DEATH (Type or print) WATTS March 19 61 6 COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last b rthday) Manths Days WIDOWED DIYORCED | Male 18a. USUAL OCCUPATION (Give kind of work done 10b. CHID OF BUTTLESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Ret Seaman Ferryboat Baltimore. Md USA 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME John W. Kathlene Fairbank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO **INFORMANT** No <u>Michaels</u> CAUSE OF DEATH [Enter anty one cause per/Ine far (g), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO T 20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, form, 20f (City or lawn) Day. Year 20d INJURY OCCURRED (State) (County) factory, street, office bldg , etc.) Hour 0.00 Nat while at wark at wark, 21. I certify that Lattended the deceased from 2161, 1961, that I last saw the deceased and that/death accurred at 2:45 AM, from the causes and an the date stated above DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S WROTH. LANE NAME (Type) BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify)
Burial Olivet Cemetery 1961 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MAR 2 2 '61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND						
	3590 CERTIFICA	TE OF DEATH				
Ĩ	PLACE OF DEATH O. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE O.				
	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If partitide corporate limits will RURAL and give nearest town) ### A 5 Ton				
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIA 18591 14591	d. street address e is residence on a farm? yes \(\square\) no \(\square\)				
3.	NAME OF DECEASED (Type or print) CELARIES First Hiddle HE RY	Webb 4. DATE Month Doy Year DEATH MAKL 5 1961				
5	MHC negro WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.				
10	o JSDAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Paper Hange	RISTRY 11 BIRTHPLACE (State or foreign country) RIVIARY IN ARYIAN (12 CITIZEN OF WHAT COUNTRY?) RIVIARY IN ARYIAN (15 A.)				
13	George W. Webb	MArthA E. Sheppard				
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 IN 0. or unknown (If yes, give wor or dailes of service) 226–32-008	Nicci E WEbb - 318 EAST AVE. EASTON, and				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, which gave rise to immediate cause (a), stating the under DUE TO	rosis & hydro oretex				
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19, WAS AUTOPSY PERFORMED? YES AT NO 1				
CERT FIC.		ED (Enter noture of injury in Port I or Port II of item IB)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fox 19 at work of work 19	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) charge, affice bldg., etc.)				
	21 I certify that (1) (this hospital) attended the deceased from					
23	NAME (Type)	DR CREMATORY 23d_LOCATION (City, town or opunity) (Stote)				
6	BEMOVAL, (Specify) 3 - 15 - 61 Multiple Co. 25 REGISTRAR'S SIGNATURE 25 REGISTRAR'S SIGNATURE					
	Comes B. Castia Contin Inte - DAMAR 1 4 '61 Circles S. Trans					

VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH directa PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY p. COUNTY MARYLAND be File eral c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest tawa) ploods TON d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE OF Middle Month filled death. (Type ar print) DEATH Pages 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH completely last birthday) ofter (DIVORCED [WIDOWED I papers. la. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) during most/af working life, even if retired) water MAN And gud carban 2 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME physician within Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN attending please CAUSE OF DEATH [Enter only one cause per line for (a), (jr), and (c).] PART I. DEATH WAS CAUSED BY: the DUE TO á Candilians, if any which permit. (6) signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause last burial-transit physician Ь has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY crematian, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) 80 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.) Б use Haur a. m. While Not while this at wark gh-wark p. m After 1 (this haspital) attended the deceased fram. _____, 19___, that (I) (we) last detached and that death accurred at II. IM, from the causes and an the date stated above. saw the deceased alive 6 DIRECTOR: 22a SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAF þe ā M.D. Board 22c. PHYSICIAN'S 22d. ACOPRESS 3 shauld NAME (Type TO FUNERAL die 230-BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City. Jown, ar county) page . REMOVAL (Specify) Qcm C5 the

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

Day

Days

(Caunty)

25b. REGISTRAR'S SIGNATURE

arthur & House

250. REC'D BY, REGISTRAR

DATEAPR 6

Months

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

QY

(State)

ON A FARM?

YES | NO X

Year

19

VR A15 (4) 15M 9/59

24 FUNERAL DIRECTOR'S SIGNATUR

WE SERVICE TO THE SERVICE THE 1244/12 entrance of the second second S. J. Love Sort

VS. AISME

5M 7/59

CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearast town) write RURAL and give nearest town) Henderson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straal address) d. STREET ADDRESS IS RESIDENCE ON A FARM None YES NO NAME OF Middle 4. DATE Month Day Yaar DECEASED OF (Typa or print) DEATH 19 61 8. DATE OF BIRTH 5. SEX 6. COLOR OF RACE! AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dens during most of working life, even if refired) Unknown None Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME No Record 16. SOCIAL SECURITY NO. Address. (Yesmao, or unkown) | (If yas giva war or datas of servica) Caroline Co. Welfare Board Denton, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, 42000 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (61) gave rise to immadiate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20a, PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED | 20f. (City or lown) (County) (Stata) factory, street, office bldg., atc.) Whila Not Whila al work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes Accident death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER | ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S awson 0. NAME (Typa) George Address (Street, city, town, or county)

22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

Greensboro

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, lown, or country) (State) Greensboro, Maryland

Burial FUNERAL DIRECTOR

24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE

arthur S. Kraus DATEMAR 2 9 '61

SUSSE MODERN ID ANDERS CRISTICAL OF DESIGNATION Allen Lean Control of the Control of